## **Department of Health Certification**

**To the Applicant:** Please read carefully and completely before signing. A false statement on this certification requires that the department proceed immediately to revoke the license or permit for which you are now applying, and fine you \$1,000.00. This certification is required by the "clean hands act of 1996" before receiving a license or permit. (Effectively May 11, 1996, DC Law 11-118, DC code CODE §47-2861 et seq.)

First Name: M.I.: Last Name:	
Certify that as of Date:	
I do not owe more than \$100.00	0 to the District of Columbia government as a result:
<ul> <li>Action of 1985, effective</li> <li>Fines, penalties, or interaction</li> <li>Act of 1994, effective No.</li> <li>Fines, penalties, or interaction</li> </ul>	rest assessed pursuant to the Litter Control Administration ve March 25, 1986 (DC Law 6-100; DC §6-2901 et seq.); rest assessed pursuant to the Illegal Dumping Enforcement May 20, 1994 (DC Law 10-117; DC Code §6-2911 et seq.); rest assessed pursuant to the Department of Consumer and 1 Infractions Act of 1985, effective October 5, 1986 (DC 2701 et seq.); or
revoke the license or permit for	y falsify this Certification, the Department will move to which I am applying, and to fine me \$1,000.00. I further t may conduct an investigation to ascertain the veracity of
	ion is now required as documentation to accompany my mit, and that by completing this Certification, I am not the sermit will be approved.

Title

Signature of Applicant